

# EXHIBIT A

# Hall County Sheriff's Office Incident Report

ORI #: GA0690000

<b>OFFENSE</b>	INCIDENT #: 140090231		Report taken: <input type="checkbox"/> Over the Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Other		ENTERED GOIC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INCIDENT STATUS: A <input type="checkbox"/> DEATH OF OFFENDER	
	REPORT DATE: 08/03/14				DATE ENTERED:		B <input type="checkbox"/> PROSECUTION DECLINED	
	RESPONSE CODE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				DATE REMOVED:		C <input type="checkbox"/> EXTRADITION DECLINED	
	REPORT TYPE: <input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT		Translator Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INV ASSIGNED:		D <input type="checkbox"/> REFUSED TO COOPERATE	
<b>VICTIM</b>	COMPLAINANT (Last, First, Middle): Berry, Justin				PHONE (Home): ( ) ( ) ( )		DATE: 8/3/2014	
	ADDRESS (Street, City, State, Zip): [REDACTED], Flowery Branch, GA 30542				PHONE (Work): ( ) ( ) ( )		DATE: 8/3/2014	
	LOCATION OF INCIDENT (Address or Block No.): [REDACTED]				PHONE (Cell): ( ) ( ) ( )		DATE: 8/3/2014	
	DATE(S) OF INCIDENT: 08/03/14 TO 0900 TO 1930				TIME(S) OF INCIDENT: 0900 TO 1930		DATE: 8/3/2014	
	CRIME SCENE				UCR CODE: 4129		ATTEMPTED: <input type="checkbox"/> COMPLETED: <input checked="" type="checkbox"/>	
	DATE INCIDENT REPORTED: 8/3/2014				METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE		FAMILY VIOLENCE: <input type="checkbox"/>	
	DISTRICT INCIDENT OCCURRED: 10				LOCATION OF ENTRY: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			
	LOG CODE: 42-3F				FINGERPRINTS OBTAINED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense #2 #3)							
	TYPE OF WEAPON / FORCE INVOLVED							
<b>PROPERTY</b>	TYPE OF VICTIM: (Check Only One)				RACE / ETHNICITY: W <input type="checkbox"/> WHITE I <input type="checkbox"/> INDIAN B <input type="checkbox"/> BLACK A <input type="checkbox"/> ASIAN H <input type="checkbox"/> HISPANIC U <input type="checkbox"/> UNKNOWN		SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE DOB: [REDACTED] NO OF VICTIMS: 2	
	AGGRAVATED ASSAULT/MONICIDE CIRCUMSTANCES				INJURY TYPE: (Check Up To Five)		RELATION OF VICTIM TO OFFENDER: (For multiple relationships enter offender number(s) in space)	
	1 <input type="checkbox"/> ARGUMENT 6 <input type="checkbox"/> LOVERS QUARREL				H <input checked="" type="checkbox"/> NONE		FA <input type="checkbox"/> IMMEDIATE FAMILY RO <input type="checkbox"/> ROOMMATE	
	2 <input type="checkbox"/> ASSAULT ON LAW OFFICER 7 <input type="checkbox"/> MERCY KILLING				D <input type="checkbox"/> DECEASED		OF <input type="checkbox"/> OTHER FAMILY OK <input checked="" type="checkbox"/> OTHERWISE KNOWN	
	3 <input type="checkbox"/> DRUG DEALING 8 <input type="checkbox"/> OTHER FELONY INVOLVED				M <input type="checkbox"/> MINOR INJURY		ST <input type="checkbox"/> STRANGER UK <input type="checkbox"/> UNKNOWN	
	4 <input type="checkbox"/> GANG/RAID 9 <input type="checkbox"/> OTHER CIRCUMSTANCES				U <input type="checkbox"/> UNKNOWN			
	5 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES							
	TYPE PROPERTY LOSS/ETC (ENTER NUMBER IN TYPE COLUMN)				PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, TAG #, VIN #, ETC.)		VALUE	
	1 NONE 2 BURNED 3 COUNTERFEITED / FORGED 4 DAMAGED / DESTROYED 5 RECOVERED 6 SEIZED 7 STOLEN 8 UNKNOWN				CD-R of audio		N/A	
	PROP. SEIZED/RECOVERED PLACED: <input type="checkbox"/> CRIME LAB <input type="checkbox"/> PROPERTY & EVIDENCE <input checked="" type="checkbox"/> EVIDENCE LOCKER <input type="checkbox"/> OTHER: [REDACTED]							
THEFT <input type="checkbox"/> RECOVERY <input type="checkbox"/>								
1 CITY 4 OUT OF 2 COUNTY STATE 3 STATE 5 UNKNOWN								
PROPERTY DESCRIPTION CODE TABLE:								
1 AIRCRAFT 14 GAMBLING EQUIPMENT 28 RECREATIONAL VEHICLES 88 PENDING INVENTORY								
2 ALCOHOL 15 HEAVY CON / IND EQUIP 36 TOOLS - POWER / HAND 99 ( )								
3 AUTOMOBILES 16 HOUSEHOLD GOODS 37 TRUCKS								
4 BICYCLES 17 JEWELRY / PRECIOUS METALS 38 VEHICLE PARTS / ACCESSORIES								
5 BUSES 18 LIVESTOCK 39 WATERCRAFT								
6 CLOTHES / FURS 19 MERCHANDISE 40 FISHING EQUIPMENT								
7 COMPUTER / HARDWARE / SOFTWARE 20 MONEY 41 TAGS / DECALS								
8 CONSUMABLE GOODS 21 NEGOTIABLE INSTRUMENT 42 LAWN MOWERS (PUSH / PUSH)								
9 CREDIT / DEBIT CARDS 22 NONNEGOTIABLE INSTRUMENTS 43 BUILDING MATERIALS								
10 DRUGS / NARCOTICS 23 OFFICE - TYPE EQUIPMENT 44 GASOLINE								
11 DRUG / NARCOTIC EQUIPMENT 24 OTHER VEHICLES 45 MAILBOX								
12 FARM EQUIPMENT 25 PURSES / HANDBAGS / WALLETS 46 CELL PHONES								
13 FIREARMS 26 RADIO / TV's / VCR's 47 TRAILER								
27 RECORDINGS - AUDIO / VISUAL 77 OTHER								

2014 AUG 4 PM 3:09

<input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE			
1 (Last, First Middle) <b>Freeman, David Justin</b>		ADDRESS (Street, City, State, Zip) <b>██████████ Gainesville, GA 30501</b>	
ALIAS <b>Freeman, Justin</b>		AGE <b>29</b> DOB <b>██████/██/██</b> SS# <b>UNK</b> OL# <b>050801099</b> STATE <b>GA</b>	DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> H <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> R <input type="checkbox"/> REFERRED TO OTHER AUTHORITY
SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> MALE <input type="checkbox"/> F <input type="checkbox"/> FEMALE <input type="checkbox"/> U <input type="checkbox"/> UNKNOWN		RACE/ETHNICITY: W <input checked="" type="checkbox"/> WHITE    I <input type="checkbox"/> INDIAN B <input type="checkbox"/> BLACK    A <input type="checkbox"/> ASIAN H <input type="checkbox"/> HISPANIC    U <input type="checkbox"/> UNKNOWN	
OFFENSE / ARREST: 1 CITY <b>2</b> 2 COUNTY <b>2</b> 3 STATE <b>2</b> 4 OUT OF STATE <b>2</b> 5 UNKNOWN <b>2</b>		"DETAINER": SEARCHED PRIOR TO & AFTER TRANSPORT (Patrol Vehicle) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARRESTEE WAS ARMED WITH: (Check Up To Two): 10 <input checked="" type="checkbox"/> UNARMED    14 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM    15 <input type="checkbox"/> FIREARM (type not stated)    16 <input type="checkbox"/> CUTTING INSTRUMENT 12 <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.) 13 <input type="checkbox"/> RIFLE    17 <input type="checkbox"/> CLUB / BRASS KNUCKLES		HEIGHT <b>6</b> FEET <b>00</b> INCHES    WEIGHT: <b>160</b> EYES    HAIR    CLOTHING	ARREST NUMBER <b>1</b> UCR ARREST OFFENSE CODE <b>4129</b>
ARREST DATE <b>08/03/14</b> UCR WARRANTS ISSUED (NO ARREST)		DATE WARRANTS OBTAINED <b>8/3/2014</b>	
SCARS    TATTOOS    MISC INFO (Other DOB, SS#, IDENTIFIERS)		<input type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE	
1 (Last, First Middle)		ADDRESS (Street, City, State, Zip)	
ALIAS		AGE    DOB    SS#    OL#    STATE	DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> H <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> R <input type="checkbox"/> REFERRED TO OTHER AUTHORITY
SEX: <input type="checkbox"/> M <input type="checkbox"/> MALE <input type="checkbox"/> F <input type="checkbox"/> FEMALE <input type="checkbox"/> U <input type="checkbox"/> UNKNOWN		RACE/ETHNICITY: W <input type="checkbox"/> WHITE    I <input type="checkbox"/> INDIAN B <input type="checkbox"/> BLACK    A <input type="checkbox"/> ASIAN H <input type="checkbox"/> HISPANIC    U <input type="checkbox"/> UNKNOWN	
OFFENSE / ARREST: 1 CITY    2 COUNTY    3 STATE    4 OUT OF STATE    5 UNKNOWN		"DETAINER": SEARCHED PRIOR TO & AFTER TRANSPORT (Patrol Vehicle) YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARRESTEE WAS ARMED WITH: (Check Up To Two): 10 <input type="checkbox"/> UNARMED    14 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM    15 <input type="checkbox"/> FIREARM (type not stated)    16 <input type="checkbox"/> CUTTING INSTRUMENT 12 <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.) 13 <input type="checkbox"/> RIFLE    17 <input type="checkbox"/> CLUB / BRASS KNUCKLES		HEIGHT    FEET    INCHES    WEIGHT    EYES    HAIR    CLOTHING	ARREST NUMBER    UCR ARREST OFFENSE CODE
ARREST DATE    UCR WARRANTS ISSUED (NO ARREST)		DATE WARRANTS OBTAINED	
SCARS    TATTOOS    MISC INFO (Other DOB, SS#, IDENTIFIERS)		<input type="checkbox"/> SUSPECT/OFF. <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM    MAKE    VIN	
FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		MODEL	TAG #
VEHICLE DESCRIPTION		Year	COLOR
FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		MODEL	TAG #
VEHICLE DESCRIPTION		Year	COLOR
1 NAME (Last, First, Middle)    ADDRESS (Street, City, State, Zip)    RESIDENTIAL PHONE:    BUSINESS PHONE:		2	
On 08/03/14, at 1400 hours, I was contacted by Deputy Keith Langford #4191, via telephone.			
REPORTING OFFICER: <b>C.D. Parker</b> BADGE # <b>4131</b> DATE <b>8/3/2014</b>			
APPROVING SUPERVISOR: <b>[Signature]</b>		BADGE # <b>3355</b> DATE <b>08/03/2014</b>	"FORWARD TO": <input type="checkbox"/> Financial <input type="checkbox"/> Precinct <input type="checkbox"/> Plans <input type="checkbox"/> Property <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang

# Hall County Sheriff's Office

## Incident Report

ORI #: GA0690000

OFFENSE	INCIDENT #: 140090231	Report Taken	ENTERED GCIC: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER		
	REPORT DATE: 08/03/14	<input type="checkbox"/> Over the Phone	DATE ENTERED:	<input type="checkbox"/> UNFOUNDED	B <input type="checkbox"/> PROSECUTION DECLINED		
	RESPONSE CODE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> In Person	DATE REMOVED:	<input checked="" type="checkbox"/> CLEARED BY ARREST	C <input type="checkbox"/> EXTRADITION DECLINED		
	REPORT TYPE: <input type="checkbox"/> INITIAL REPORT <input checked="" type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> Other	**CID USE ONLY**	<input type="checkbox"/> OPEN / INACTIVE	D <input type="checkbox"/> REFUSED TO COOPERATE		
	COMPLAINANT (Last, First, Middle)	Translator Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INV ASSIGNED:	<input type="checkbox"/> CLEARED EXCEPTIONALLY	E <input type="checkbox"/> JUVENILE NO CUSTODY		
	(see victim)	PHONE (Home)	DFCS CASE #:	DATE: 8/3/2014	H <input type="checkbox"/> NOT APPLICABLE		
	ADDRESS (Street, City, State, Zip)	Mailing Address (if different)					
	LOCATION OF INCIDENT (Address or Block No)	OFFENSE:	UCR CODE	ATTEMPTED	COMPLETED		
	DATE(S) OF INCIDENT: 08/03/14 TO:	TIME(S) OF INCIDENT: 1900 TO:	1 Obstruction (M)	4094	<input type="checkbox"/>		
			2		<input type="checkbox"/>		
			3		<input type="checkbox"/>		
	DATE INCIDENT REPORTED: 8/3/2014	CRIME SCENE	(For Burglary Only)	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL		
	DISTRICT INCIDENT OCCURRED: 15	AUDIO/VIDEO RECORDING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE				
	LOC CODE: 31-3E	PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LOCATION OF ENTRY: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN				
	LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense #2 #3)	FINGERPRINTS OBTAINED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	1 <input type="checkbox"/> BANK / SAVINGS & LOAN	5 <input type="checkbox"/> CONVENIENCE STORE	9 <input type="checkbox"/> HOTEL / MOTEL / ETC	13 <input type="checkbox"/> PARKING LOT / GARAGE	17 <input type="checkbox"/> SCHOOL / COLLEGE		
	2 <input type="checkbox"/> CHURCH / SYNAGOG / TEMPLE	6 <input type="checkbox"/> FIELD / WOODS	10 <input type="checkbox"/> JAIL / PRISON	14 <input type="checkbox"/> RENTAL / STORAGE FACILITY	18 <input type="checkbox"/> SERVICE / GAS STATION		
	3 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING	7 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS	11 <input type="checkbox"/> LAKE / WATERWAY	15 <input checked="" type="checkbox"/> RESIDENCE / HOME	19 <input type="checkbox"/> OTHER		
	4 <input type="checkbox"/> CONSTRUCTION SITE	8 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	12 <input type="checkbox"/> LIQUOR STORE	16 <input type="checkbox"/> RESTAURANT	20 <input type="checkbox"/> UNKNOWN		
	TYPE OF WEAPON / FORCE INVOLVED	11 <input type="checkbox"/> FIREARM (UNK TYPE)	14 <input type="checkbox"/> SHOTGUN	30 <input type="checkbox"/> BLUNT OBJECT	50 <input type="checkbox"/> POISON		
	(Check Up To Three)	12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	35 <input type="checkbox"/> MOTOR VEHICLE	60 <input type="checkbox"/> EXPLOSIVES		
		13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT	40 <input checked="" type="checkbox"/> PERSONAL WEAPONS	65 <input type="checkbox"/> RRE / INCENDIARY		
				70 <input type="checkbox"/> NARCOTICS / DRUGS	90 <input type="checkbox"/> OTHER		
				95 <input type="checkbox"/> UNKNOWN	99 <input type="checkbox"/> NONE		
	GANG RELATED: <input type="checkbox"/> DRUG RELATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN	IF YES, LIST TYPE(S) OF DRUG:					
VICTIM	VICTIM CONNECTED TO OFFENSE: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
	VICTIM (Last, First, Middle)	PHONE (Home)	(Work / Cell)				
	ADDRESS (Street, City, State, Zip)	Parker, Cameron D.					
	610 Main Street, Gainesville, GA 30501	Mailing Address (if different)					
	TYPE OF VICTIM (Check Only One)	RACE / ETHNICITY	W <input checked="" type="checkbox"/> WHITE	I <input type="checkbox"/> INDIAN	SEX		
	1 <input checked="" type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN	B <input type="checkbox"/> BLACK A <input type="checkbox"/> ASIAN	M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE	DOB: N/A	NO OF VICTIMS: 2		
	E <input type="checkbox"/> BUSINESS O <input type="checkbox"/> OTHER	H <input type="checkbox"/> HISPANIC U <input type="checkbox"/> UNKNOWN	U <input type="checkbox"/> UNKNOWN	AGE: 35	SOCIAL SEC #: N/A		
	AGGRAVATED ASSAULT / MODE CIRCUMSTANCES	INJURY TYPE: (Check Up To Five)					
	1 <input type="checkbox"/> ARGUMENT 6 <input type="checkbox"/> LOVERS QUARREL	I <input type="checkbox"/> MODERATE INJURY					
	2 <input type="checkbox"/> ASSAULT ON LAW OFFICER 7 <input type="checkbox"/> MERCY KILLING	O <input type="checkbox"/> MAJOR INJURY					
	3 <input type="checkbox"/> DRUG DEALING 8 <input type="checkbox"/> OTHER FELONY INVOLVED	D <input type="checkbox"/> DECEASED					
	4 <input type="checkbox"/> GAWGLAND 9 <input type="checkbox"/> OTHER CIRCUMSTANCES	M <input type="checkbox"/> MINOR INJURY					
	5 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES	U <input type="checkbox"/> UNKNOWN					
	RELATION OF VICTIM TO OFFENDER: (For multiple relationships enter offender number(s) in space)						
	FA <input type="checkbox"/> IMMEDIATE FAMILY RO <input type="checkbox"/> ROOMMATE						
	OF <input type="checkbox"/> OTHER FAMILY OK <input type="checkbox"/> OTHERWISE KNOWN						
	ST <input checked="" type="checkbox"/> STRANGER UK <input type="checkbox"/> UNKNOWN						
PROPERTY	TYPE PROPERTY LOSS/ETC (ENTER NUMBER IN TYPE COLUMN)	TYPE	CODE	QUANTITY	PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR, TAG #, VIN #, ETC.)	VALUE	DATE PROPERTY RECOVERED Month / Day / Year
	1 NONE						
	2 BURNED						
	3 COUNTERFEITED / FORGED						
	4 DAMAGED / DESTROYED						
	5 RECOVERED						
	6 SEIZED						
	7 STOLEN						
	8 UNKNOWN						
	PROP SEIZED / RECOVERED PLACED:						
	<input type="checkbox"/> CRIME LAB						
	<input type="checkbox"/> PROPERTY & EVIDENCE						
	<input checked="" type="checkbox"/> EVIDENCE LOCKER						
	<input type="checkbox"/> OTHER:						
	THEFT <input type="checkbox"/> RECOVERY <input type="checkbox"/>						
	1 CITY 4 OUT OF						
	2 COUNTY STATE						
	3 STATE 5 UNKNOWN						
	PROPERTY DESCRIPTION CODE TABLE:						
	(Enter Number in Code Column Above)						
	1 AIRCRAFT	14 GAMBLING EQUIPMENT	28 RECREATIONAL VEHICLES	88 PENDING INVENTORY			
	2 ALCOHOL	15 HEAVY CON / IND EQUIP	36 TOOLS - POWER / HAND	99 ( )			
	3 AUTOMOBILES	16 HOUSEHOLD GOODS	37 TRUCKS				
	4 BICYCLES	17 JEWELRY / PRECIOUS METALS	38 VEHICLE PARTS / ACCESSORIES				
	5 BUSES	18 LIVESTOCK	39 WATERCRAFT				
	6 CLOTHES / FURS	19 MERCHANDISE	40 FISHING EQUIPMENT				
	7 COMPUTER / HARDWARE / SOFTWARE	20 MONEY	41 TAGS / DECALS				
	8 CONSUMABLE GOODS	21 NEGOTIABLE INSTRUMENT	42 LAWN MOWERS (RIDING & PUSH)				
	9 CREDIT / DEBIT CARDS	22 NONNEGOTIABLE INSTRUMENTS	43 BUILDING MATERIALS				
	10 DRUGS / NARCOTICS	23 OFFICE - TYPE EQUIPMENT	44 GASOLINE				
	11 DRUG / NARCOTIC EQUIPMENT	24 OTHER VEHICLES	45 MAILBOX				
	12 FARM EQUIPMENT	25 PURSES / HANDBAGS / WALLETS	46 CELL PHONES				
	13 FIREARMS	26 RADIO / TV / VCRs	47 TRAILER				
		27 RECORDINGS - AUDIO / VISUAL	77 OTHER				
				DAMAGED / BURNED STRUCTURES ONLY			
				29 STRUCTURES - SINGLE OCC DWELLING			
				30 STRUCTURES - OTHER DWELLINGS			
				31 STRUCTURES - OTHER COM / BUSINESS			
				32 STRUCTURES - IND / MANUFACTURING			
				33 STRUCTURES - PUBLIC / COMMUNITY			
				34 STRUCTURES - STORAGE			
				35 STRUCTURES - OTHER			



<b>ARR/FF/SUSP 1</b>	<input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE								
	1 (Last, First, Middle): <b>Freeman, David Justin</b> ADDRESS (Street, City, State, Zip): <b>109 Bennett Drive, Gainesville, GA 30501</b>								
	ALIAS: <b>Freeman, Justin</b> AGE: <b>29</b> DOB: <b>08/84</b> SS#: <b>UNK</b> OLNR: <b>050801099</b> STATE: <b>GA</b>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">SEX: <input checked="" type="checkbox"/> MALE    <input type="checkbox"/> FEMALE    <input type="checkbox"/> UNKNOWN</td> <td style="width:20%;">RACE/ETHNICITY: <input checked="" type="checkbox"/> WHITE    <input type="checkbox"/> BLACK    <input type="checkbox"/> HISPANIC    <input type="checkbox"/> INDIAN    <input type="checkbox"/> ASIAN    <input type="checkbox"/> UNKNOWN</td> <td style="width:20%;">DISPOSITION OF ARRESTEE UNDER 18:  <input type="checkbox"/> HANDLED WITHIN DEPT.  <input type="checkbox"/> REFERRED TO OTHER AUTHORITY         </td> <td style="width:20%;">OFFENSE / ARREST  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">2</td> <td style="width:50%;">2</td> </tr> </table> </td> <td style="width:20%;">           1 CITY            2 COUNTY            3 STATE            4 OUT OF STATE            5 UNKNOWN         </td> <td style="width:20%;"> <b>"DETAINEE"</b>            SEARCHED PRIOR TO &amp; AFTER TRANSPORT (Patrol Vehicle) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> </td> </tr> </table>		SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY	OFFENSE / ARREST <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">2</td> <td style="width:50%;">2</td> </tr> </table>	2	2	1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN
SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY	OFFENSE / ARREST <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">2</td> <td style="width:50%;">2</td> </tr> </table>	2	2	1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN	<b>"DETAINEE"</b> SEARCHED PRIOR TO & AFTER TRANSPORT (Patrol Vehicle) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
2	2								
ARRESTEE WAS ARMED WITH: (Check Up To Two) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <input checked="" type="checkbox"/> UNARMED    <input type="checkbox"/> SHOTGUN  <input type="checkbox"/> FIREARM    <input type="checkbox"/> FIREARM              (type not stated)    <input type="checkbox"/> CUTTING INSTRUMENT  <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.)  <input type="checkbox"/> RIFLE    <input type="checkbox"/> CLUB / BRASS KNUCKLES         </td> <td style="width:50%;">           HEIGHT <b>6</b> FEET <b>00</b> INCHES    WEIGHT: <b>160</b>    EYES    HAIR    CLOTHING         </td> </tr> </table>		<input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> FIREARM <input type="checkbox"/> FIREARM (type not stated) <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.) <input type="checkbox"/> RIFLE <input type="checkbox"/> CLUB / BRASS KNUCKLES	HEIGHT <b>6</b> FEET <b>00</b> INCHES    WEIGHT: <b>160</b> EYES    HAIR    CLOTHING						
<input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> FIREARM <input type="checkbox"/> FIREARM (type not stated) <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.) <input type="checkbox"/> RIFLE <input type="checkbox"/> CLUB / BRASS KNUCKLES	HEIGHT <b>6</b> FEET <b>00</b> INCHES    WEIGHT: <b>160</b> EYES    HAIR    CLOTHING								
ARREST NUMBER: <b>1</b> UCR ARREST OFFENSE CODE: <b>4094</b>									
ARREST DATE: <b>08/03/14</b> UCR WARRANTS ISSUED (NO ARREST):    DATE WARRANTS OBTAINED:									
SCARS    TATTOOS    MISC INFO (Other DOB, SS#, IDENTIFIERS)									
<b>ARR/FF/SUSP 2</b>	<input type="checkbox"/> ARRESTEE <input type="checkbox"/> IDENTIFIED OFFENDER <input type="checkbox"/> SUSPECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> RUNAWAY JUVENILE								
	1 (Last, First, Middle)    ADDRESS (Street, City, State, Zip)								
	ALIAS    AGE    DOB    SS#    OLNR    STATE								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">SEX: <input type="checkbox"/> MALE    <input type="checkbox"/> FEMALE    <input type="checkbox"/> UNKNOWN</td> <td style="width:20%;">RACE/ETHNICITY: <input type="checkbox"/> WHITE    <input type="checkbox"/> BLACK    <input type="checkbox"/> HISPANIC    <input type="checkbox"/> INDIAN    <input type="checkbox"/> ASIAN    <input type="checkbox"/> UNKNOWN</td> <td style="width:20%;">DISPOSITION OF ARRESTEE UNDER 18:  <input type="checkbox"/> HANDLED WITHIN DEPT.  <input type="checkbox"/> REFERRED TO OTHER AUTHORITY         </td> <td style="width:20%;">OFFENSE / ARREST  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> </td> <td style="width:50%;"> </td> </tr> </table> </td> <td style="width:20%;">           1 CITY            2 COUNTY            3 STATE            4 OUT OF STATE            5 UNKNOWN         </td> <td style="width:20%;"> <b>"DETAINEE"</b>            SEARCHED PRIOR TO &amp; AFTER TRANSPORT (Patrol Vehicle) YES <input type="checkbox"/> NO <input type="checkbox"/> </td> </tr> </table>		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY	OFFENSE / ARREST <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> </td> <td style="width:50%;"> </td> </tr> </table>			1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN
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ARRESTEE WAS ARMED WITH: (Check Up To Two) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <input type="checkbox"/> UNARMED    <input type="checkbox"/> SHOTGUN  <input type="checkbox"/> FIREARM    <input type="checkbox"/> FIREARM              (type not stated)    <input type="checkbox"/> CUTTING INSTRUMENT  <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.)  <input type="checkbox"/> RIFLE    <input type="checkbox"/> CLUB / BRASS KNUCKLES         </td> <td style="width:50%;">           HEIGHT    FEET    INCHES    WEIGHT    EYES    HAIR    CLOTHING         </td> </tr> </table>		<input type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> FIREARM <input type="checkbox"/> FIREARM (type not stated) <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> HANDGUN    (If Switchblade Knife, etc.) <input type="checkbox"/> RIFLE <input type="checkbox"/> CLUB / BRASS KNUCKLES	HEIGHT    FEET    INCHES    WEIGHT    EYES    HAIR    CLOTHING						
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ARREST NUMBER    UCR ARREST OFFENSE CODE									
ARREST DATE    UCR WARRANTS ISSUED (NO ARREST)    DATE WARRANTS OBTAINED									
SCARS    TATTOOS    MISC INFO (Other DOB, SS#, IDENTIFIERS)									
<b>VEH.1</b>	FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN    MODEL:    TAG #								
	VEHICLE DESCRIPTION    Year    COLOR								
<b>VEH.2</b>	FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN    MODEL:    TAG #								
	VEHICLE DESCRIPTION    Year    COLOR								
<b>WITNESS</b>	NAME (Last, First, Middle)    ADDRESS (Street, City, State, Zip)    RESIDENTIAL PHONE    BUSINESS PHONE								
	1    2								
<b>NARRATIVE</b>	REPORTING OFFICER: <b>C.D. Parker</b> BADGE #: <b>4131</b> DATE: <b>8/3/2014</b>								
	APPROVING SUPERVISOR: <b>Sgt. 6K</b> BADGE #: <b>3335</b> DATE: <b>08/03/2014</b>								
	FORWARD TO: <input type="checkbox"/> Financial <input type="checkbox"/> Persons <input type="checkbox"/> Misc <input type="checkbox"/> Property <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang								

## Hall County Sheriff's Office

INCIDENT # : 140090231	<h2 style="text-align: center;">Reporting Officer's Investigative Report</h2>	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER
OFFENSE: Disrupt Gathering, etc.		<input type="checkbox"/> UNFOUNDED	B <input type="checkbox"/> PROSECUTION DECLINED
VICTIM: Laws of Georgia, et al		<input checked="" type="checkbox"/> CLEARED BY ARREST	C <input type="checkbox"/> EXTRADITION DECLINED
INCIDENT DATE: 8/3/2014		<input type="checkbox"/> OPEN/ INACTIVE	D <input type="checkbox"/> REFUSED TO COOPERATE
		<input type="checkbox"/> CLEARED EXCEPTIONALLY	E <input type="checkbox"/> JUVENILE, NO CUSTODY
		DATE: 8/3/2014	N <input type="checkbox"/> NOT APPLICABLE

Deputy Langford advised me that while working an extra-duty job at 12 Stone Church, located at 4256 Martin Road on this date, he had been approached at the church, in reference to an incident. Deputy Langford stated that an off-duty Gwinnett County Police Officer told him that a white male subject, later identified as "David Justin Freeman," had acted in a disorderly manner during the church service at 0900 hours, disrupting said service. Deputy Langford stated that the officer approached him approximately one hour after the incident occurred, at which time it was determined that Freeman had already vacated the premises. I advised Sgt. Haney #3303 about the incident, and he contacted Deputy Stuart Dailey #4170, via telephone, as Deputy Dailey coordinated the extra duty details for the church, on behalf of the Sheriff's Office. Per Sgt. Haney's request, Deputy Dailey made contact with the campus pastor for the Martin Road campus of 12 Stone, Jason Berry. Deputy Dailey requested that Pastor Berry meet with an officer, in reference to obtaining further information about the aforementioned disturbance caused by Freeman.

At approximately 1700 hours, I met with Pastor Berry at the church on Martin Road. Berry stated that Freeman was a member of the church, with whom he was familiar. Berry stated that he had held several conversations with Freeman in the recent past, about numerous topics, including, but not limited to his abnormal viewpoints on government, public schools, and law enforcement, and his dislike for the same. Berry stated that during the church service at 0900 hours, he was in the front of the sanctuary, delivering his sermon. Berry said that at one point during the service, that he recognized the teachers in the congregation, and had them stand. Berry advised that he noticed that Freeman also stood up at the very back of the sanctuary, at the same time as the teachers. Berry said that he began to pray for the teachers, at which time Freeman held up one of his middle fingers toward the front of the room, very high in the air. Berry said that Freeman had an evil look of hatred in his eye, which made him feel uncomfortable and threatened. Berry stated that after the prayer, music began to play. He said that Freeman began to yell at others in the room to "take care/responsibility of your own children...Don't send them off to a Godless government.....You're sending them off for the Devil to raise..." Berry stated that Freeman became so loud with his shouting, that the music coordinator had to increase the volume of the music playing, in order to drown out Freeman's voice. Berry advised that shortly thereafter, Freeman made a "bee line" for the exit, and went out into the parking lot. Berry said that he followed Freeman outside, in an attempt to reason with and talk to him. Berry explained that Freeman began pointing his finger(s) in his (Berry's) face, while continuing to (Over ---->)

REPORTING OFFICER: C.D. Parker	BADGE #: 4131	DATE: 8/3/2014	CONTINUED ON BACK [ ]
APPROVING SUPERVISOR: <i>[Signature]</i>	BADGE #: 3335	DATE: 08/02/2014	